U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil panalties as provided by 29 U.S.C 439 or 440.

Foo	Official Use Only S Rec'd
E	(APR 2 4 2006)
	ON DEST

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7/17	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Dale W Dotson	Name International Union of Elevator Constructor
	Labor Organization File Number 005-215
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1101 Bell Pl.	Street 9600 Martin Luther King Highway
City Laurel	City Lanham
State Maine ZIP Code + 4 20707	State Maryland ZIP Code + 4 20706
5. Position in labor organization. executive Board Chairman010	
(except as specified in the except as specified in the except as interest in engaged in transactions (including loans) with o	ouse or minor child directly or indirectly had any of the following interests dusions set forth in the instructions): r derived income or other economic benefit of
monetary value from an employer whose employees your organiza	tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	7.a. Naure di Iraelest, Transaction, of Income.
Name	1
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
	J
City	
State ZiP Code + 4	
Si	gnature
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed fall & Fathor	On 03/04/2006 703-929-8807
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing Dale Dotson		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	s
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Nashtional Elevator Indistory Education Prog	5 2	
Trade Name, if any:	a. Labor Organiza	ation
P.O. Box, Bldg., Room No., if any	c. Employer	
Street Eleven Larsen Way		
City Attleboro Falls		
State Massachusetts ZIP Code + 4 02763-9980		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.
Name	Trust	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar va	this of such dealing
City	12.a. Nature of interest he	
State ZIP Code + 4	Salary	
	12.b, Amourit.	\$12,740
C. Received from any employer (other than an employer covered under	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZiP Code + 4		
DE CO00 ∓ 4	14.b. Amount of payment	
13.b. Is the Business an Employer or Consultant?	14.D. Amount of payment	

2 >

Safe, accurate, Visit the IBS Website Tabat www.irs.gov. FASTI Use

Employee Reference Wage and Tax Statement

Copy

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c	Employer's name,	address, a	nd ZIP cod	le	
	NATIONAL	. ELEV	/ATOR		
	INDUSTRY	,			
	11 LARS	EN WA	v		

ATTLEBORO FALLS MA 02763

Batch #00812

eff Employee's name, address, and ZIP code

DALE W. DOTSON 1101 BEALL PL LAUREL MD 20707

þ	Employ	yer's FEI 23-642	10 numbe 21955	er	đ	Empl		e's SS/ 14-52-		
1	1 Wages, tips, other comp.			2 Federal income tax withheld				ithheld		
			12740.0	0	1098.56					
3	Social	security	wages		4 Social security tax withheld				ithheld	
			12740.0	0	789.88				89.88	
5	Medica	re wage	s and tips		6	Medic	ar	iw xet s	thheld	
			12740.0	0					1	84.73
7	7 Social security tips			8 Allocated tips						
9 Advance EIC payment			10	Deper	nde	nt care	bene	fits		
11	Nongu	alified pl	апз		12a	See in	istr	ections fo	r box 1	2
14 Other		<u> </u>	12t)	Ī					
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					13	Stat er	np.	Rat. plan	311 92	rty sick pay
	State VID	Employe 07093	r's state (1	D no.	16	State	W	ages, tip		40.00
17	State	income t	650.2	9	18	Local	w	ages, tip	s, etc	
19 Local Income tax		Income t	ax		20	Local	ity	name		

1 Wages, tips, other 12	2 Federal	Income 1	ax withheld 1098.56		
3 Social security wa 12	4 Social security tax withheld 789.88				
5 Medicare wages and tips 12740.00		6 Medicare tax withheld 184.73			
a Control number 010005 46/AFQ			Employe A	use only	
c Employer's name, NATIONAI INDUSTR' 11 LARS ATTLEBO	address, a ELEV	ATOR	1A 027	63	
Employer's FED ID 23-64219 7 Social security tips 9 Advance EIC paym	d Employee's SSA number 214-52-9776 8 Allocated tips				
11 Nonqualified plans			for box 12		
14 Other		12b 12c 12d 13 Stat amp.	Ret plan 3	rd party sick pay	
1101 BEALL	address an SON PL 20707	d ZIP code	<u> </u>	······································	
15 State Employer's MD 07093386		16 State v	vages, tip	12740.00	

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local Income tax

650.29

Federal Filing Copy Wage and Tax Statement

2005 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Social Security Gross Pay 12740.00 Tax Withheld Box 4 of W-2

789 88 MD, State Income Tax Box 17 of W-2 SUI/SDI

Box 14 of W-2

650.29

1098.56 Medicare Tax Fed. Income Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Social Security Medicare MD. State Wages, Wages Wages Box 5 of W-2 Tips, Etc. Box 16 of W-2 Box 1 of W-2 Box 3 of W-2 12.740.00 12.740.00 12.740.00 12.740.00 12,740.00 12,740.00 12,740.00 12,740.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DALE W. DOTSON 1101 BEALL PL LAUREL MD 20707

Gross Pay

Reported W-2 Wages

Social Security Number: 214-52-9776 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0 \$20 Additional Tax

STATE:

C 2005 AUTOMATIC DATA PROCESSING, INC.

me, address at OTSON PL 20707	nd ZIP cod	wages, tij	12740.00
OTSON PL 20707	13 Stat emp	wages, tip	os, etc. 12740.00
OTSON PL	13 Stat emp	<u></u>	3rd party alch pary
OTSON PL	13 Stat emp	<u></u>	3rd party sick pary
отѕои	13 Stat emp	<u></u>	3rd party sick pay
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Advance EIC payment			benefits
Social security tips		ted trps	
Employer's FED ID number 23-6421955			9776
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r Dept.	Corp.	Employe	•
Medicare wages and tips 12740.00			thheld 184.73
Social security wages 12740.00			789.88
12740.00			1098.56
	wages 12740.00 s and tips 12740.00 r Dept. Q 010300 me, address, at AL ELEV RY RSEN WA BORO FA D ID number 11955 tips	12740.00  wages 12740.00  s and tips 12740.00  r	12740.00  wages 12740.00  s and tips 12740.00  r Dept. Corp. Employe Q 010300  Me, address, and ZIP code IAL ELEVATOR RY RSEN WAY BORO FALLS MA 027  DiD number d Employee's SS 1955  tips 8 Allocated tips  sayment 10 Dependent care

Statement

1 Wages, tips, other comp. 12740.00	2 Federal Income tax withheld 1098.56 4 Social security tax withheld 789.88 6 Medicare tax withheld 184.73				
3 Social security wages 12740.00					
6 Medicare wages and tips 12740.00					
a Control number Dept.	Corp. Employer use only				
010005 46/AFQ   010300	A 151				
c Employer's name, address, a	and ZiP code				
INDUSTRY 11 LARSEN WA	VATOR NY ALLS MA 02763				
b Employer's FED ID number 23-6421955	d Employee's SSA number 214-52-9776				
7 Social security tips	8 Allocated tips				
9 Advance EIC payment	10 Dependent care benefits				
11 Nonqualified plans	12a				
14 Other	12b				
	12c				
	12d				
	13 Stel entp. Ret. plan 3rd party sick par				
e/f Employee's name, address a	nd ZIP coda				
DALE W. DOTSON					
1101 BEALL PL					
LAUREL MD 20707					
15 State Employer's state ID no MD 07093386	o. 16 State wages, tlps, etc. 12740.00				
1175 0700000	18 Local wages, tips, etc.				
17 State Income tax					
	20 Locality name				

Statement